

## PART B - FEE(S) TRANSMITTAL

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 P.O. Box 1450  
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

00490 7590 10/04/2006  
**VIDAS, ARRETT & STEINKRAUS, P.A.**  
 6109 BLUE CIRCLE DRIVE  
 SUITE 2000  
 MINNETONKA, MN 55343-9185

11/16/2006 HDEMESS2 00000032 220350 09781388

01 FC:1501 1400.00 DA  
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Elizabeth A. Deutsch	(Depositor's name)
<i>Elizabeth A. Deutsch</i>	(Signature)
November 16, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/781,388	02/13/2001	Daniel Keith Tomaschko	S63.2-971+	2245 7132-US02

TITLE OF INVENTION: BALLOON CONES AND WAISTS THINNING METHODOLOGY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/04/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
BUI, VY Q	3734	606-001000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 VIDAS, ARRETT &  
STEINKRAUS, P.A.

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston Scientific Scimed, Inc.

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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4b. Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)

A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Jeremy G. Laabs

Date November 16, 2006

Typed or printed name Jeremy G. Laabs

Registration No. 53170

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In Re Application of:** Tomaschko et al.  
**Application No.:** 09/781,388  
**Filed:** February 13, 2001  
**For:** BALLOON CONES AND WAISTS THINNING  
**METHODOLOGY**  
**Examiner:** Vy Q. Bui  
**Group Art Unit:** 3734

Mail Stop Issue Fee  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Docket No.: S63.2-7132-US02

## FACSIMILE TRANSMITTAL LETTER

**TO:** Examiner Vy Q. Bui  
**FACSIMILE NO.:** 571-273-2885  
**GROUP ART UNIT:** 3734

**DATE:** November 16, 2006  
**TIME:** 10:50am

**TOTAL NUMBER OF PAGES** (including cover letter): 4

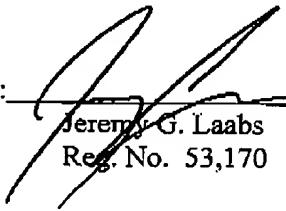
In addition to this 1 page Facsimile Transmittal Letter, following please find Part B – Fee Transmittal in duplicate and a 1 page Fee Address Indication Form.

Please charge the Issue Fee of \$1,400.00 and Publication fee of \$300.00 to Deposit Account No. 22-0350. To the extent that any petition is required to consider this communication, please treat this as such a petition.

Respectfully Submitted,

VIDAS, ARRETT & STEINKRAUS, P.A.

Date: November 16, 2006

By:   
 Jeremy G. Laabs  
 Reg. No. 53,170

6109 Blue Circle Drive, Suite 2000  
 Minnetonka, MN 55343-9185  
 Telephone: (952) 563-3000  
 Facsimile: (952) 563-3001

**Certificate of Transmission**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-2885, on November 16, 2006.

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 Elizabeth A. Deutsch